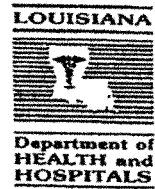




Kathleen Babineaux Blanco  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS




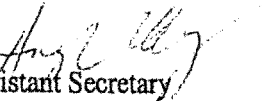
Frederick P. Carise, M.D., M.P.H.  
SECRETARY

MEMORANDUM

Date: March 23, 2007

To: Medicaid Enrolled Hospice, Wavier and Support Coordination Providers

From:   
Jerry Phillips  
Medicaid Director

  
Hugh Eley  
OAAS Assistant Secretary

Re: Waiver/Hospice Concurrent Care

In 2005 the Department of Health and Hospitals (DHH) clarified our policy regarding Hospice and Wavier services provided concurrently. At that time, DHH began to require recipients to forfeit their waiver services if they chose to elect hospice services. This decision was made because Medicaid administration was concerned about the possibility of duplication of services and payment in both programs.

DHH is pleased to announce that this policy has been reversed. Effective May 1, 2007, recipients may receive both hospice and waiver services concurrently. However, both hospice and waiver providers must work together to ensure that no services are duplicated. To ensure the integrity of both programs, Medicaid and OAAS collaborated to craft policy designed to reduce the possibility of duplication. Both Hospice and Waiver Providers must adhere to this policy when providing services to a Medicaid recipient that is receiving both services. This includes recipients who have both Medicare/Private Insurance and Medicaid.

If you have questions please contact Randy Davidson at (225) 342-4818.

Attachment

## Hospice Waiver Recipients Policy

### I. Medicaid Waiver Recipients and Hospice Services

Recipients who receive home and community-based services through one of the waiver programs offered by OAAS or OCDD are also eligible for Medicaid hospice services. These waiver programs are:

Adult Day Health Care (ADHC) Waiver  
Elderly and Disabled Adult (EDA) Waiver  
New Opportunities Waiver (NOW)  
Children's Choice Waiver (CCW)  
Supports Waiver (SW)

**Note:** Long Term Personal Care Services (LT PCS) is a Medicaid State Plan Service and not a waiver service; LT PCS recipients may not receive hospice services while receiving LT PCS.

### II. Service Coordination

Medicaid expects the hospice provider to interface with other non-hospice providers depending on the need of the recipient to ensure that the recipient's overall care is met and that non-hospice providers do not compromise or duplicate the hospice plan of care. This expectation applies to Medicaid hospice recipients and Medicare/Medicaid hospice recipients. The hospice provider must ensure that a thorough interview process is completed when enrolling a Medicaid or Medicare/Medicaid recipient to identify all other Medicaid or other state and/or federally funded program providers of care.

Medicaid waiver recipients who elect the hospice benefit do not have to disenroll from the waiver program, but they must be under the direct care of the Medicaid hospice provider for those services both programs have in common. The waiver member who elects the hospice benefit can still receive waiver services **that are not related to the terminal hospice condition and are not duplicative of hospice care.** The hospice provider and the waiver support coordinator must collaborate and communicate regularly to ensure the best possible overall care to the waiver/hospice member. These collaborative sessions must be documented in both the hospice and waiver case manager/support coordinator progress notes. Failure to collaborate may result in administrative sanctions.

Guidelines for hospice and waiver providers include the following:

- The hospice provider, waiver provider and waiver case manager must meet to develop a coordinated plan of care.
  - The hospice provider must prepare the hospice plan of care to include all services that the hospice provider would have covered to treat the terminal illness and related conditions had the Medicaid recipient not been on the waiver program.

- The waiver provider must prepare the waiver plan of care to include all services that the waiver provider would have covered had the Medicaid recipient not been on the hospice program.
- The waiver providers must then modify the waiver plan of care to ensure there is no duplication of services by the waiver provider for those services held in common that would be necessary to treat the terminal illness and related conditions. For example, the waiver provider must modify or adjust hours in the waiver plan of care if the hospice agency must provide personal care, attendant care, or homemaker hours to treat the terminal condition that the waiver provider would otherwise provide if the recipient had not elected hospice services.
- Different diagnoses for the respective hospice and waiver plans of care are not sufficient to ensure that there is no duplication of services. Medical records of each provider may demonstrate that a patient's primary hospice diagnosis and patient's waiver diagnosis intermingle to such a degree that it is not possible to differentiate between the waiver diagnoses and the hospice primary diagnoses.
- The fact the hospice provider and the waiver provider are in the member's home at different times is not sufficient to ensure that there is no duplication.
- Both providers must thoroughly document the required distinction between the services provided.
- The hospice provider shall be responsible for providing those services that intermingle between diagnoses. Approved waiver services shall be reduced by the appropriate level.

The hospice provider's failure to include all necessary hospice core services in the hospice plan of care for the waiver/hospice recipient subjects the hospice provider to recoupment when overpayment or duplication is identified.

### **III. Inquiries**

Inquiries to DHH about policy clarification for the coordination of care for waiver recipients who are dually-eligible and receive Medicare hospice benefit are handled by referring the Medicare hospice to the Medicare fiscal intermediary. While Medicaid is the payor of last resort and must not under any circumstances pay for waiver services that are duplicative of Medicare hospice care, DHH has no authority to instruct a Medicare hospice provider about Medicare hospice plan of care modifications. The hospice provider must obtain clarification from Medicare.

All inquiries to DHH from waiver providers regarding coordination of hospice and waiver services will be handled by either OAAS or OCDD. Inquiries regarding directly with Medicaid Hospice will be handled by Medicaid Hospice staff.